

Families USA, and advocates for compassionate end-of-life health care with us as well.

The last time Congress looked at this—and the Acting President pro tempore, I think, remembers this—during a period in the early 1990s, the people who stood with me for the kickoff of the Healthy Americans Act were spending millions to pretty much beat each other's brains out. That was the last time the Congress and the President, during the Clinton years, debated health care.

So this is a different climate, certainly a different climate for businesses in Ohio and Oregon. What I hear from businesses at home—unlike in 1993, the Clinton years, when they said: We cannot afford fixing health care—they are now saying: We cannot afford the status quo. That is why they are joining Senator BENNETT and I and others on these proposals.

My hope is as Congress looks at the evidence, whether it is the Wall Street Journal reporting on promising developments—very often people think of Europe and socialized countries—the Wall Street Journal is putting on the front page of the paper—a publication that clearly favors private health care coverage—an example of a country in Europe where they seem to be making great progress.

So as we devise our own system, one that is uniquely American, I and Senator BENNETT want to work with every Member of the Senate—I think I can speak for Senators BILL NELSON, LAMAR ALEXANDER, JUDD GREGG, and the others we have been talking to—that we think this is the premier domestic issue of our time. Certainly, the conflict in Iraq is the premier national security issue. But the premier domestic issue at home is fixing American health care.

I think based on the evidence that comes in every day, we know what needs to be done. Now the question is making sure there is the political will to go forward. I look forward to working with the Acting President pro tempore, who has a great interest in these matters, and all our colleagues.

Mr. President, I yield the floor.

Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CASEY). Without objection, it is so ordered.

TUBERCULOSIS

Mr. BROWN. Mr. President, every day an estimated 4,400 lives are lost around the world to tuberculosis—day in, day out, yesterday, today, and tomorrow. Fifteen lives will be lost, roughly, in the few minutes of my remarks.

Tuberculosis is an urgent global crisis that demands our attention and our response. Two billion people—two billion people—one-third of the world's population, carry around with them the tuberculosis bacterium. As many as 10 million to 15 million in the United States alone are infected with the TB bacterium. Most will not get sick, but many of them are in some jeopardy.

Nine million people, practically the population of my State of Ohio, become sick with active tuberculosis every year, and 1.6 million people will die.

We struggle with many diseases that are beyond our scientific understanding, but tuberculosis is not one of them. These deaths are preventable. TB is the greatest curable infectious killer worldwide.

Much of the good work of the legislation this Senate passed last night will be undermined if we do not do a better job of controlling tuberculosis. Our investments in development will do little to improve economic conditions if entire populations—as are so many in Africa, especially, and India, especially—are reeling from this disease.

Combating TB is fundamental to sustaining economic development in poor countries. My colleagues know this.

Congress—following the leadership of the Foreign Operations Subcommittee Chairman, PAT LEAHY, and ranking member, JUDD GREGG—has made great strides in investing greater resources in global health. Diseases such as HIV and malaria have received tremendous increases over the past several years, and I hope this trend will continue.

Last night, the Senate did something about this. The amendment I offered last night, with Senators BROWNBACK, DURBIN, BOXER, and SMITH, added \$90 million in funding for our international efforts against tuberculosis, bringing total spending to \$200 million. Undoubtedly, that will save lives.

Combating TB must go hand in hand with the fight against HIV. Up to 50 percent of people who are HIV positive develop tuberculosis. As many as half the deaths from HIV in Africa actually are deaths from tuberculosis. It is the leading cause of death among people who are HIV positive all over the world.

HIV infection weakens a person's immune system, making it 50 times more likely that person will develop active tuberculosis. So if someone is carrying the TB bacterium in their body—as is a third of the world's people—if they get infected with HIV or have some other disease or weakness—from malnutrition or something else—they are much more likely to develop active tuberculosis.

To compound that, unchecked, drug-resistant tuberculosis, including deadly XDR-TB, threatens to reverse progress made against AIDS and TB worldwide. In today's world, extensively drug-resistant TB—so-called XDR-TB—poses a grave public health threat never more than a plane ride away.

This past June, we got a wakeup call when an American boarded a plane to

Europe while infected with drug-resistant tuberculosis. Luckily, his was not the most virulent strain. But his example shows us clearly that this disease does affect America and that more resources for TB are needed to prevent, identify, treat, and control extensively drug-resistant tuberculosis.

We need to heed that wakeup call and act before it is too late. It is within our power. There is no mystery here. We know what to do. We know how to treat and cure regular so-called garden-variety tuberculosis. We know how to treat and cure multidrug-resistant tuberculosis in an overwhelming majority of cases. And we know how to treat, generally, extensively drug-resistant—XDR-TB—tuberculosis and cure people of that. It is within our means. Treating regular, garden-variety TB costs only \$20 per person. It is a small price to pay to save our lives.

I thank my colleagues, including the junior Senator from Pennsylvania for his support of this issue. Last night was a victory for people in the developing world who are so often victims of tuberculosis, who so often suffer from that. It is also a victory for people in our country, a few of whom have TB, but most—but the many more people who are a plane ride away or are potentially exposed to this tuberculosis bacteria.

I thank my colleagues.

FOREIGN OPERATIONS APPROPRIATIONS

Mr. FEINGOLD. Mr. President, I strongly oppose coercive abortion or involuntary sterilization, and was pleased that the fiscal year 2008 Foreign Operations Appropriations bill included a provision prohibiting U.S. funds from going to any organization or program that directly supports such horrific practices. Unfortunately, the amendment offered by Senator BROWNBACK undermined this provision by allowing the President to deny funds to any organization or program that he claims supports such practices. This administration has misused similar language to deny resources to the United Nations Population Fund simply because this agency has programs in China, where the government practices coercive abortions to enforce its one child policy. In fact, however, the UNFPA's program in China is specifically designed to pressure the Chinese to end the use of coercive tactics, and this amendment would undermine the good work that the UNFPA does.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

• Mrs. CLINTON. Mr. President, as we consider legislation to provide funding for our important international development and assistance programs, I would like to take the opportunity to highlight the issue of quality basic education and the ways in which increasing access to basic education can improve social, economic, and health

outcomes in countries around the world.

We cannot underestimate the importance of efforts by our Government and its partners around the globe to provide access to education for girls and boys around the world. Basic education is the cornerstone for success in sustainable development. It has a profound impact on the future of individual children, their families, communities, and nations.

A population that can read, write, and think critically is far more likely to achieve democracy, economic growth, and improved health. A 2004 report by Barbara Herz and Gene Sperling from the Center on Universal Education at the Council on Foreign Relations detailed the benefits that result from investments in education, particular for girls and women. A single year of primary education correlates with a 10 to 20 percent increase in women's wages later in life, and a study of South Asia and Sub-Saharan Africa found that from 1960 to 1992, equality in education between men and women could have led to nearly 1 percent higher annual per capita GDP growth.

Nor is there any doubt that education saves lives. Educated children are less likely to contract HIV/AIDS and other deadly diseases. Oxfam estimates that if all children completed primary education, 700,000 new cases of HIV/AIDS in young people could be prevented each year, totaling 7 million cases in a decade.

I would like to commend the Senate for its efforts to significantly increase U.S. investments in basic education in the developing world. Over the last 15 to 20 years, there has been dramatic progress, particularly for girls, in school enrollment around the world.

In 2000, our Nation made a commitment to the goal of achieving universal basic education by 2015. Through some of the initiatives and partnership in which our Government is participating with its international partners, such as the Education for All Fast Track Initiative, we have made progress. Since the Fast Track Initiative was launched in 2002, approximately 4 million children each year—both boys and girls—have gained access to school.

But much more needs to be done. We are not on track to meet our 2015 goal. In order to do so, we would need to help millions more children enter school each year requiring a global financial commitment of more than \$7 billion every year. Of the 77 million children who are not in school, three-fifths are girls. Forty-three percent of all out-of-school children are in countries affected by conflict and are often the hardest to reach. Approximately half of the school-age children who start primary school do not complete it. And there are hundreds of millions more children who are denied the opportunity to complete a secondary school education to become the next generation of doctors, nurses, lawyers, sci-

entists, and teachers. These statistics represent an unconscionable misuse of human potential—a misuse that we can and must remedy.

I have introduced legislation—the Education for All Act—that would enable the U.S. Government to make a significant commitment to reach the 2015 goal and help children in developing countries, particularly areas experiencing conflict or humanitarian emergencies, have access to a quality basic education. But I would also encourage my colleagues to support increased appropriations for basic education programs, and as this legislation moves forward, I will work with my colleagues to ensure that the United States is in the strongest position to meet its 2015 goal and make education for all a reality. This is not only the right thing to do for the world's children; it is right thing and the smart thing to do for this country. ●

MILITARY CONSTRUCTION, VETERANS AFFAIRS AND RELATED AGENCIES APPROPRIATION ACT

Mr. FEINGOLD. Mr. President, I am pleased to support the fiscal year 2008 Military Construction, Veterans Affairs and Related Agencies Appropriation Act. The bill includes funding for critical renovations and repairs to military facilities and military family housing. The brave men and women of our Armed Forces are serving honorably under intense strains in Iraq, Afghanistan and elsewhere. We must take care of them and their families while they serve and when they return. This bill reverses a disturbing trend in recent years by finally providing sufficient funds to care for our Nation's veterans. I hope that we will have the chance soon to vote for a conference report reflecting the priorities in this bill so that there will be no delay—as there has been in recent years—in getting the Department of Veterans Affairs urgently needed funds. And I will continue working to make sure that this bill is only the beginning of a lasting commitment to providing veterans the best health care and benefits available.

I was particularly pleased that the Senate adopted my amendment requiring that the Government Accountability Office, GAO, study how the VA can best care for the mental health needs of female veterans. I decided to introduce this amendment after hearing concerns directly from Wisconsin veterans about insufficient mental health services for women. The number of women in the Armed Forces has grown rapidly, as has their exposure to combat. While the VA has taken important steps to establish services for women, there is little data on how VA mental health care funds are being used to address the needs of women. Indeed, mental health experts recently testified before the Congress that the VA does not have the capacity to address the needs of women veterans.

This study will help ensure that the Veterans Administration dedicates the funds needed to care for women veterans.

I was pleased to support Senator BROWN's amendment to ensure that the Veterans Administration abides by existing law which prohibits unnecessary studies on the privatization of VA functions and requires public-private competitions before outsourcing government jobs. This bill also includes additional funds for the Beneficiary Travel Program, an important VA program that benefits numerous Wisconsin veterans who live far from VA medical facilities.

The bill includes \$15 million for funding for gulf war illnesses research. I strongly support research into treatments for these debilitating illnesses. Nearly 200,000 gulf war veterans—one in four of those who served—suffer from chronic multisymptom illness as a result of serving in the gulf, according to the Department of Veterans Affairs most recent study. These illnesses combine debilitating headaches, widespread muscle and joint pain, severe fatigue, cognitive problems, and other abnormalities. Current and future American military forces, as well as civilians, are also at risk of similar exposure.

Yet according to members of the Research Advisory Committee on Gulf War Veterans Illnesses, of all the money spent on research in this area—over \$300 million over the past 12 years—only two studies have been done on treatments. It is time to accept that these are serious neurological illnesses and shift research to the identification of treatments. A promising pilot program to identify treatments and diagnostic tests was initiated last year by the Department of Defense Congressionally Directed Medical Research Program. I call on the Department to dedicate the funds appropriated in this act to the identification of treatments for these illnesses.

I understand that concerns have been expressed about the Veterans Administration leasing property at the West Los Angeles VA Medical Facility to private enterprises that are inappropriate for the hallowed grounds of a soldier's home. I supported Senator DEMINT's unsuccessful amendment to delete language from the bill prohibiting the VA from leasing excess property at the West Los Angeles medical facility under any circumstances because I do not believe that this language is in the best interests of veterans.

The GAO has reported that, historically, the VA has spent as many as 1 in 4 of its health care dollars on maintaining its facilities and land, including properties that are no longer fit for the provision of medical services and are no longer in use. In order to better capitalize on its assets, the VA has conducted a nationwide review and prepared a plan to make the best use of its property. This plan is supported by a